

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9657

CERTIFICATE OF DEATH

8964
282

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY St. Mary's		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leonardtown		c. LENGTH OF STAY IN 1b 2 hrs.	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION St. Mary's Hospital		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)	First Henry	Middle Francis	Last Cullison Jr.
4. DATE OF DEATH	Month 9	Day 20	Year 56
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 9-20-56
9. AGE (In years lost birthday) yrs. Months 0	10. IF UNDER 1 YEAR Days 0	11. IF UNDER 24 HRS. Hours 0	12. IF UNDER 24 HRS. Minutes 57
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY Infant	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Henry Francis Cullison Sr.		14. MOTHER'S MAIDEN NAME Geraldine Sexton	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Geraldine Sexton Cullison, Dameron, Md.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 761.5			
DUE TO Prematurity			
Conditions, if any, which gave rise to immediate cause (b), stating the underlying cause lost. (b) Premature separation of Placenta			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from 9/20 , 19 56 , to 9/20 , 19 56 , that I last saw the deceased alive on 9/20 , 19 56 , and that death occurred at 2:15 AM, from the causes and on the date stated above.			
ACTUAL SIGNATURE A. J. D. Bay		ADDRESS (Street, city or town, state) Leonardtown, Maryland	
PHYSICIAN'S NAME (Type) St. James		DATE SIGNED Sept 20 1956	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 9/20/1956	
22c. NAME OF CEMETERY OR CREMATORIUM St. James		22d. LOCATION (City, town, or county) (State) Park Hall Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE W. Clarke Mattingley, Leonardtown, Md.		24a. REC'D BY REGISTRAR Glenn D. Hauser	
ADDRESS Leonardtown, Md.		24b. REGISTRAR'S SIGNATURE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician and completely filled in by the funeral director.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

BUREAU V.

SEP 21 1954

RECEIVED

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be reposed by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, the funeral director, page 3 should be detached for use as the burial transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4)
15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

189645

9658

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH a. COUNTY St. Mary's		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland		b. COUNTY St. Mary's			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leonardtown		c. LENGTH OF STAY IN 1b 2 Days		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Piney Point		d. STREET ADDRESS			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION St. Mary's Hospital						e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) Bessie C. Dickins		First	Middle	Last	4. DATE OF DEATH September 17 1956	Month	Day	Year	
5. SEX Female		6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH February 16 1885	9. AGE (in years last birthday) 71 yrs.	10. IF UNDER 1 YEAR Months	11. IF UNDER 24 HRS. Days	12. HOURS Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME Henderson Blackwell		14. MOTHER'S MAIDEN NAME Mary Jones							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Mr. Henry B. Dickins, Piney Point, Md.		Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		19. INTERVAL BETWEEN ONSET AND DEATH 1 year							
151X Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) DUE TO									
(c) DUE TO									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)									
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1b.)							
20c. TIME OF INJURY Hour a. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Great Mills		20f. (City or town) Piney Point		(County) Maryland	(State) Md.
21. I certify that I attended the deceased from Sept. 14, 1956 , to Sept. 17, 1956 , that I last saw the deceased alive on Sept. 16, 1956 , and that death occurred at 7 P.M. , from the causes and on the date stated above.		ADDRESS (Street, city or town, state) Great Mills, Md.							DATE SIGNED 9/17/56
ACTUAL SIGNATURE P. J. Bean		PHYSICIAN'S NAME (Type) P. J. BEAN M.D.							
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 9/19/1956		22c. NAME OF CEMETERY OR CREMATORIUM ST. LUKE'S		22d. LOCATION (City, town, or county) Piney Point		(State) Md.	
23. FUNERAL DIRECTOR'S SIGNATURE W. CLARKE MATTINGLEY, LEONARDTOWN, MD.		ADDRESS		24a. REC'D BY REGISTRAR DATE 9/17/56		24b. REGISTRAR'S SIGNATURE W. Clarke Mattingley			

CERTIFICATE OF GENUIN

BUREAU Y. S.

SEP 24 1956

RECEIVED

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 1 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9659

CERTIFICATE OF DEATH

09646

Reg. Dist. No. 282

1. PLACE OF DEATH a. COUNTY Saint Mary's MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE CONN. b. COUNTY Maryland HARTFORD ST. MARY'S			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ridge		c. LENGTH OF STAY IN 16 17 days			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Station Hospital, USNAS Patuxent River, Maryland		e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ridge, Maryland BROAD BROOK 45X			
3. NAME OF DECEASED (Type or print) First Middle Last Gail Ann DUCHARME		4. DATE OF DEATH Month Day Year September 2 19 56			
5. SEX Female	6. COLOR OR RACE Cauc	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 8-17-56		
9. AGE (In years from birthday) yrs. Months Days Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Richard Edward DUCHARME		14. MOTHER'S MAIDEN NAME Arline Kreyssig			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT Address Richard Edward DUCHARME, Ridge, Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PNEUMONIA INTERVAL BETWEEN ONSET AND DEATH 7630 12 hours DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour a. m. p. m.	Month 19	Day	20d. INJURY OCCURRED White at work <input type="checkbox"/> Not white at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that I attended the deceased from _____, 19_____, to _____, 19_____, that I last saw the deceased alive on _____, 19_____, and that death occurred at _____, M, from the causes and on the date stated above. ACTUAL SIGNATURE G. C. RAMSAY M.D. ADDRESS (Street, city or town, state) Station Hospital, USNAS 9-2-56 DATE SIGNED					
PHYSICIAN'S NAME (Type) G. C. RAMSAY LT MC USNR		Patuxent River, Maryland			
22a. BURIAL, CREMATION, REMOVAL (Specify) Transportation	22b. DATE THEREOF 9/4/56	22c. NAME OF CEMETERY OR CREMATORIAL ADDRESS		22d. LOCATION (City, town, or county) Windsor Locks, Connecticut (State)	
23. FUNERAL DIRECTOR'S SIGNATURE J. B. Robinson	24a. REC'D BY REGISTRAR DATE 9/4/56		24b. REGISTRAR'S SIGNATURE G. C. RAMSAY		
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RECEIVED
BUREAU Y. S.

SEP 5 1956

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 89647

9660

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH a. COUNTY St. Mary's		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. STATE MARYLAND	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leonardtown		c. LENGTH OF STAY IN 1b 3 hrs.	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION St. Mary's Hospital		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)	First MAGGIE	Middle EVANS	4. DATE OF DEATH September 3, 1956
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED	8. DATE OF BIRTH Nov. 2, 1876
9. AGE (In years lost birthday) 79 yrs.		10. IF UNDER 1 YEAR Months	11. IF UNDER 24 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Maryland
13. FATHER'S NAME Unknown		14. MOTHER'S MASTERN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Robert Evans, St. Georges Island, Md.
		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary sclerosis occlusion		INTERVAL BETWEEN ONSET AND DEATH 2 hours	
DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) Coronary sclerosis		DUE TO 5 year	
(c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. p.m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that I attended the deceased from April 13, 1957 to Sept. 3, 1956 that I last saw the deceased alive on Sept. 2, 1957 , and that death occurred at 12:30 P.M. from the causes and on the date stated above.		ADDRESS (Street, city or town, state) Great Mills, Md. DATE SIGNED 9/4/56	
ACTUAL SIGNATURE P. J. Bean		PHYSICIAN'S NAME (Type) P. J. Bean	
22a. BURIAL, CREMATION, REMOVAL (specify) Burial		22b. DATE THEREOF 9/6/1956	22c. NAME OF CEMETERY OR CREMATORIAL Poplar Hill
22d. LOCATION (City, town, or county) Valley Lee		(State) Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE W. Clarke Mattingley, Leonardtown, Md.		24a. REC'D/D BY REGISTRAR 1/4/56	24b. REGISTRAR'S SIGNATURE John J. Regan

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

WILDFIRE STATE OF CALIFORNIA - FIREWISE
CERTIFICATE OF DATA

BUREAU Y.
RECEIVED

SEP 6 1956

TO HOSPITAL OR ATTENDING PHYSICIAN: This law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9661 CERTIFICATE OF DEATH										Reg. Dist. No. 69648 282		
1. PLACE OF DEATH a. COUNTY ST. MARYS					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND							
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CHESAPEAKE BAY - MARYLAND.					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SEAT PLEASANT							
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION RURAL - ST. MARYS COUNTY					d. STREET ADDRESS 502 - 68th Street					e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print)		First BERNARD	Middle FRANCIS	Last GUNTOW	4. DATE OF DEATH		Month SEPTEMBER	Day 9	Year 1956			
5. SEX		6. COLOR OR RACE MALE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH 11/20/1902	9. AGE (In years lost birthday) yrs. 53		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNKNOWN		11. KIND OF BUSINESS OR INDUSTRY WASHINGTON, D.C.		12. BIRTHPLACE (State or foreign country) USA	
13. FATHER'S NAME BERNHARDT GUNTOW		14. MOTHER'S MAIDEN NAME MARY L. KESSLER		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) UNKNOWN		16. SOCIAL SECURITY NO.		17. INFORMANT MARIS F. GUNTOW		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Cardio Vascular Disease DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO (c)		
19. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 502-68 th Street Seat pleasant, Md.										
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)										
20c. TIME OF INJURY Month, Day, Year Hour o. p. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) Mechanicsville		(County) Mechanicsville		(State) Md.		
21. I certify that I attended the deceased from 9/9/56 , 19 56 , to 9/9/56 , 19 56 , that I last saw the deceased alive on 9/9/56 , 19 56 , and that death occurred at 6:15 A.M. from the causes and on the date stated above.		ADDRESS (Street, city or town, state) Mechanicsville, Md.										
ACTUAL SIGNATURE J. ROY GUYTHIER, M.D.		DATE SIGNED 9/9/56										
PHYSICIAN'S NAME (Type) J. ROY GUYTHIER, M.D.		MECHANICSVILLE, Md.										
22a. BURIAL, CREMATION, REMOVAL (Specify) Removal		22b. DATE THEREOF 9/10/56		22c. NAME OF CEMETERY OR CREMATORIAL W.W. CHAMBERS, CO.		22d. LOCATION (City, town, or county) WASHINGTON, D.C.		(State) D.C.				
23. FUNERAL DIRECTOR'S SIGNATURE W.W. CHAMBERS, CO.		ADDRESS WASHINGTON, D.C.										
		24a. REC'D BY REGISTRAR DATE 9/10/56										
		24b. REGISTRAR'S SIGNATURE NAME Glenn D. Hauser										

STATE GOVERNMENT OF NEVADA - BUREAU OF INVESTIGATION
CERTIFICATE OF DEATH

BUREAU V.

SEP 11 1956

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

69649

Reg. Dist. No.

CERTIFICATE OF DEATH

282

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH a. COUNTY St. Mary's MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY St. Mary's	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Palmers		c. LENGTH OF STAY IN 1b 37 Years	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		e. STREET ADDRESS	
3. NAME OF DECEASED (Type or print) Elizabeth		First	Middle
		Jefferson	Last
4. SEX Female		5. COLOR OR RACE Negro	6. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>
		WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH December 1891
8. DATE OF DEATH September 5 1956		9. AGE (In years lost birthday) 65 yrs.	10. IF UNDER 1 YEAR Months 0 Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY U.S.A.		13. FATHER'S NAME William Young	
14. MOTHER'S MAIDEN NAME Frances Bowling		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT Walter Jefferson	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrovascular accident		Address Palmers Md.	
DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Hypertension cardio-vascular disease		INTERVAL BETWEEN ONSET AND DEATH 1 hour	
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from May 10, 1956 , to Sept. 10, 1956 , that I last saw the deceased alive on Sept. 10, 1956 , and the death occurred at 5:15 P.M. from the causes and on the date stated above.		ADDRESS (Street, city or town, state) Leonardtown, Md.	
ACTUAL SIGNATURE Joseph E. Gill		DATE SIGNED 9/6/56	
PHYSICIAN'S NAME (Type) Joseph E. Gill M.D.		Leonardtown Maryland	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 9/8/1956	
22c. NAME OF CEMETERY OR CREMATORIALy		22d. LOCATION (City, town, or county) (State)	
Sacred Heart		Bushwood Maryland	
23. FUNERAL DIRECTOR'S SIGNATURE W. Clarke Mattingley, Leonardtown Md.		24a. REC'D BY REGISTRAR DATE 9/7/16	
		24b. REGISTRAR'S SIGNATURE Glenda L. Hayes	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9663 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

69650

Reg. Dist. No.

284

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the same, writing the word "Pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial/transit Permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

1. PLACE OF DEATH a. COUNTY		ST MARYS MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)		b. STATE MARYLAND	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		d. COUNTY ST MARYS	
RURAL NEAR MECHANICSVILLE				RURAL NEAR MECHANICSVILLE			
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		NONE		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		First THOMAS Middle WILSON Last PILKERTON		4. DATE OF DEATH		Month SEPT 20, 1956 Day 19 Year 56	
5. SEX M		6. COLOR OR RACE W		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> b. DATE OF BIRTH April 28 1926		9. AGE (in years last birthday) 30 yrs.	
		WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>				10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (State or foreign country) MARYLAND	
12. CITIZEN OF WHAT COUNTRY? US							
13. FATHER'S NAME ALFRED R PILKERTON				14. MOTHER'S MAIDEN NAME CATHERINE ADAMS			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? No		16. SOCIAL SECURITY NO. 220-34-8100		17. INFORMANT Joseph R Pilkerton, Mechanicsville, Md		Address	
						INTERVAL BETWEEN ONSET AND DEATH	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]							
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		CRUSHED CHEST, FRACTURED					
X Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.		(b)					
DUE TO							
DUE TO				CERVICAL VERTEBRA		IMME)	
(c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED?	
20a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) TRACTOR OVERTURNED				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20c. TIME OF INJURY Month, Day, Year July 20 1956		20d. INJURY OCCURRED While at work <input checked="" type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) FARM		20f. (City or town) (County) (State) MECHANICSVILLE ST MARYS MD	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .							
ACTUAL SIGNATURE J. Roy Guyther				M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/>		DATE SIGNED 9/21/56	
EXAMINER'S NAME (Type) J. Roy Guyther				ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Sept 24 1956		22c. NAME OF CEMETERY OR CREMATORIAL St Joseph Cemetery		22d. LOCATION (City, town, or county) (State) Morgantown Md	
23. FUNERAL DIRECTOR'S SIGNATURE Hontt Funeral Home, Melody, Md.		ADDRESS		24a. RECEIVED BY REGISTRAR SEP 25 1956		24b. REGISTRAR'S SIGNATURE E. Leon Carter	
				DATE			

BUREAU V

- - .56

INSTITUTE
COLLEGE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

89651

9664

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH a. COUNTY St. Mary's		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland		b. COUNTY St. Mary's		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leonardtown		c. LENGTH OF STAY IN 1b St. Mary's Hospital		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Valley Lee		d. STREET ADDRESS		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION St. Mary's Hospital						e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) ELLA		First	Middle	Lost	4. DATE OF DEATH September 28, 1956	Month	Day	Year
5. SEX Female		6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/>	8. DATE OF BIRTH July 30, 1876	9. AGE (In years lost birthday) 80 yrs.	IF UNDER 1 YEAR 1 Months	IF UNDER 24 HRS. 29 Days	Hours 0 Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME John Allan Hawkins		14. MOTHER'S MAIDEN NAME Jane Coates		Address				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Leroy Thompson, Valley Lee, Md.		INTERVAL BETWEEN ONSET AND DEATH 1 hour		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. Coronary occlusion (recurrent)		(b) Coronary sclerosis		(c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)						
20c. TIME OF INJURY Month, Day, Year Hour o. n. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) Great Mills, Maryland		(County)		(State)
21. I certify that I attended the deceased from May 14, 1956 , to Sept 28, 1956 , that I last saw the deceased alive on Sept 27, 1956 , and that death occurred at 10 AM , from the causes and on the date stated above.								
ACTUAL SIGNATURE J.P. Bean		ADDRESS (Street, city or town, state) M.D.		DATE SIGNED 9/28/56				
PHYSICIAN'S NAME (Type) J.P. Bean		M.D.		Great Mills		Maryland		
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 10/1/1956		22c. NAME OF CEMETERY OR CREMATORIUM St. George's		22d. LOCATION (City, town, or county) Valley Lee		
23. FUNERAL DIRECTOR'S SIGNATURE W. Clarke Mattingley, Leonardtown, Md.		ADDRESS		24a. REC'D BY REGISTRAR 9/28/56		24b. REGISTRAR'S SIGNATURE W. Clarke Mattingley, Register		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4 may be signed by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, it should be filed with page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

BUREAU V. S.

OCT 1 1956

RECEIVED

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10W

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

89652

9665 CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATHCOUNTY **St. Marys**CITY (If outside corporate limits, write RURAL
OR end give nearest town)TOWN **Leonardtown**HOSPITAL OR
INSTITUTION OR
STREET ADDRESS**St. Marys Hospital****MARYLAND**LENGTH OF STAY
(in this place)**2. USUAL RESIDENCE (HOME) OF DECEASED**STATE **Maryland**COUNTY **St. Marys**

CITY (If outside corporate limits, write RURAL end give nearest town)

TOWN **California**STREET
ADDRESS
(If rural give location)**Rural****3. NAME OF
DECEASED**

(Type or Print)

Joseph Tyrone Thompson

(First) (Middle) (Last)

4. DATE (Month) (Day) (Year)**Sept. 7 1956**

5. SEX

6. COLOR OR
RACE**male colored**10e. USUAL OCCUPATION (Give kind of work
done during most of working life, even if
retired)**None**7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify)**single**

8. DATE OF BIRTH

August 17, 1956

9. AGE last birthday

yrs.
Months
Days
Hours
Min.10. IF UNDER 1 YEAR
2110b. KIND OF BUSINESS
OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland12. CITIZEN OF WHAT
COUNTRY?**USA****13. FATHER'S NAME****Weiland H. Parhan****14. MOTHER'S MAIDEN NAME****Estell Thompson**

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unk.) (If Yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS**Estell Thompson - California, Md.****I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH****764.0** IMMEDIATE CAUSE (A) **Bacterial diarrhea**

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, (B)

GIVING RISE TO THE ABOVE CAUSE

STATING UNDERLYING CAUSE LAST. DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH**1 week****18. MEDICAL CERTIFICATION****II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.****Hydrocephalus****3 week****19a. DATE OF OPERATION****19b. MAJOR FINDINGS OF OPERATION**20. AUTOPSY?
YES NO 21a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)21b. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town)

(County)

(State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED
While at work Not while
at work

21f. HOW DID INJURY OCCUR?

M.

M.

22. I hereby certify that I attended the deceased from **Sept. 7, 1956**, to **Sept. 7, 1956**, that I last saw the deceased
alive on **Sept. 7, 1956**, and that death occurred at **10 a.m.** from the causes and on the date stated above.

SIGNATURE

ADDRESS (Street, city, town, state)

DATE SIGNED **9/7/56****P.J. Bean**

M.D.

Great Mills, Maryland

LOCATION (City, town, or county)

(State)

23. BURIAL, CREMATION,
REMOVAL (SPECIFY)**Burial**

DATE THEREOF

9/7/56

NAME OF CEMETERY OR CREMATORIUM

Holy Face Cemetery

LOCATION (City, town, or county)

(State)

24. REC'D BY REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

DATE **9/7/56****P.J. Bean****C.P.B. Robinson****Leonardtown, Md.**

2078273XV4

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED BY THE DATE HEREBY

U.S. GOVERNMENT PRINTING OFFICE : 1950 6-1250-10000

BUREAU V.

SEP 11 1956

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